



Medication Permission Form

I give permission to Ascension teachers and staff to administer the following medications to my child, _____, in the manner indicated:

(Please check all that apply)

___ Band-aid

___ Neosporin (or similar antibiotic ointment) to cuts received while at school.

___ Benadryl Cream (or other anti-itch cream) on any ant/bug bite that is itching the child.

___ Diaper rash cream that I will send from home as needed.

Other Medication:

If your child requires medication for allergic reactions or life threatening issues (ie inhaler, epipen) please list them below. These medications must be sent from home in its original packaging and must be labeled with your child's name.

Name of medicine: _____

Dosage: _____

Reason for medication: _____

How often: _____

ALLERGY INFORMATION

My Child does **NOT** have any known allergies.

My Child has the following allergies:

Please describe the reaction to listed allergies:

Parent Name _____ Parent Signature _____

Date _____